

For example, we could focus on the chronic diseases which are the drivers of health care costs in this country, diseases such as obesity and Alzheimer's. We could try to get those under control. That would help control costs.

We could give employers the incentive through monetary payments—actual cash—to say to their employees: Listen, if you go out and live a healthy lifestyle, we will give a reward in cash. If you stop smoking, if you get yourself into a workout situation where you drop weight, if you take tests such as having a colonoscopy, if you have a mammogram, we are going to reward you with money. That is a step which would significantly improve health care delivery and costs in this country.

We can say to the delivery systems: Listen, rather than doing a lot of quantity for the purposes of generating revenue, why don't you do a little quality with value tied to it? There are health care delivery systems in this country today which accomplish that. Rochester, MN; Salt Lake City, UT; Pittsburgh, PA—there are a whole series of these centers which have shown you can deliver better quality at lower costs if you are intelligent about it and reduce overutilization.

We could, as was discussed at length by the Senator from South Dakota and the Senator from Arizona, do something about abusive lawsuits. The simple fact is, abusive lawsuits are driving huge costs in the health care system. Thirty percent of health care is deemed to be defensive medicine. There is no reason doctors should have to give tests they don't believe they have to give, but they have to give in order to defend themselves from lawsuits. Those are foolish and expensive. Madam President, \$54 billion is the cost estimate from CBO of savings just from that one item, and that is an understated cost because it doesn't, as was pointed out, calculate the defensive medicine side.

Those are a few good ideas, but there are a lot more good ideas. It can be done on a step-by-step approach which gives us better health care without this attempt to basically take over the entire system.

Let's not play any more games around here. What is this about? This is about creating a system, putting in place an alleged comprehensive reform, the purpose of which is to drive private activity out of the market because there are a lot of people on the other side of the aisle who believe profit is bad and the marketplace does not work in health care, and that we should move towards a single-payer system. That is what this is about. Raise premiums to a level where employers will be forced to drop their insurance and push people into what is called this exchange. There will be a public plan in the exchange when it comes from the conference committee, should it get that far—hopefully it will not but if it does—and then basically push every-

body into the public plan and create an atmosphere where the playing field is so tilted against any sort of private activity that people who have their insurance today will lose it and you will have to choose a public plan, for all intents and purposes. That will be your choice 4 or 5 years from now.

The effect of that, of course, of moving toward a single-payer system, which is the stated goal of many of my colleagues on the other side and a majority of the people in the House of Representatives, the effect of moving to a single-payer system or a nationalized system is very destructive to our health care generally. Primarily, it means people will end up with delays. There will be price controls put in place relative to certain types of medicines you can receive. Innovation will be stifled because people will not be able to invest money and get a reasonable return, especially in the area of development of new pharmaceuticals and new biologics, which are so critical to the health care system today. We will have people standing in line. We will have people basically being subject to delays. We will have people, I absolutely guarantee you, finding their health care rationed depending on their age, as occurs in England under its system. And we will simply see a significant lessening of innovation and, most important, people will not have choices. You will basically be forced off the private system into a public system.

This is the ultimate goal here—not stated but clearly intended of what is going to happen if you move toward a system as has been outlined at least in the Kennedy-Dodd bill, as it came out of the HELP Committee and is now somewhere in this building—we don't know where—being merged into a new piece of legislation with the Finance Committee bill. So when Thomas Jefferson makes this point that you should not swindle the next generation by radically expanding your debt, we should live by that because it is a pretty good point. When a bill is brought forward on this floor which alleges to be fiscally responsible and it claims it meets the obligation, it meets its costs, but it understates the costs by almost \$1.2 trillion and overstates how much it is going to generate in revenues and you don't get these Medicare cuts unless—I have never seen Medicare reductions occur in this Congress. Then basically you are loading up the debt of our children. It is that simple. That is the inevitable response of this piece of legislation, that the debt will expand.

As Thomas Jefferson said, he believed in “the principle of spending money to be paid by posterity under the name of funding is but swindling futurity on a large scale.” And this may be the largest scale of swindling that has ever occurred in America's history.

I yield the floor.

The PRESIDING OFFICER (Mr. KIRK). The Senator's time has expired.

The Senator from Colorado.

HEALTH CARE REFORM

Mr. BENNET. Mr. President, I am pleased to be here today, as we were last week and the week before that, with other freshman colleagues to talk about the need for health care reform in this Congress. Today, what we want to focus on is the effect of health care reform on small business.

When I am in Colorado, what we always start with is a conversation about what problem is it we are trying to solve. When it comes to small businesses, they are the biggest losers in the current health care system we have today and, by extension, the people who work for small businesses.

Today in my State, small business pays 18 percent more to cover their employees than large business does. Some people say to me: Michael, that is obviously because they have a smaller pool of people; it is harder to spread the risk. And that is true, but from a business perspective, that is ridiculous. From a small business perspective, if you are going to spend 18 percent more on something, you ought to expect to get 18 percent more productivity out of your company or you ought to at least expect to get 18 percent better coverage for your employees. Of course, every small business owner in this country knows the reverse is true—coverage is worse, deductibles are higher. It is just an illustration of how challenging the status quo is for small businesses that, after all, employ most of the people in our economy and are going to be responsible for carrying us out of this recession.

One can see on this chart the extraordinary effect this has had on my State. Even before this current recession, we saw a huge drop in the number of people who were getting coverage at work and many fewer small businesses. Now we are almost at 40 percent—I guarantee that number is well below 40 percent today after this recession has occurred. Even fewer smaller businesses are able to offer their employees coverage, which is heartbreaking for small business owners all over my State and all over the other States represented here today. Many of these businesses are family-owned businesses. The businesses feel like a family. People feel responsibility and care for one another and take responsibility for, among other things, health care. But they are not able to do it anymore. They are making very tough choices as a result.

By the way, one of the choices they are making is to not raise wages. Median family income in Colorado went down by \$800 over the last 10 years, and in the country it went down over \$300 in the same period, while in my State health insurance premiums went up by 90 percent. Small businesspeople say to me that those things are directly related to each other. In other words, people have to make a choice between

covering their employees and paying them a living wage, and more often than not they are having to choose to compress wages just because of the skyrocketing costs of health insurance.

Health care reform done right is going to make an enormous difference for small businesses and for the people employed by small businesses. It will lower premiums and the cost of health insurance coverage; provide tax credits for small businesses that provide health insurance—that do the right thing; exempt most small businesses from employer responsibility requirements; subsidize health insurance for employees in small businesses that do not provide health insurance; increase entrepreneurship to expand the pool of workers available to small businesses; and eliminate job lock. Job lock means having to stay in a job because you are so scared of losing your insurance.

The estimate is that the administrative costs for small businesses, when it comes to health care insurance, will drop by over 50 percent. Most small businesspeople I know, who are skeptical sometimes of the reform we are talking about, will tell me this administrative burden is extraordinary for them today. Today, it is a paper-and-pencil system of trying to root out and sort out the health insurance market for their employees. Tomorrow, what we are going to have is an exchange where people can easily compare prices, compare coverage, and get the best deal for their employees, not to mention the fact they are going to be able to pool their purchasing power and drive down cost as a result.

The estimates are, small business will save billions of dollars over the course of this reform—\$432 billion by 2013, \$855 billion just 9 years from now. That is money that can be put into wages. In fact, the estimates are that of those savings, what we will see is small businesses being able to increase wages for their employees by almost \$300 billion by the end of this period of time.

So today we are here to talk about why reform is important for small business. We are at a very perilous moment in our economy for small businesses that do not have access to the credit they need to help get us where we need to be. They are facing an incredible credit crunch out there, which is making it hard for them to hire again, which is driving up our unemployment rate. Over the medium and long term, what is critical to the success of our small businesses is that we reform our health care system, we make it more transparent, we make it more efficient, we make coverage more available to small businesses and to the millions of Americans who are employed by small businesses in their communities.

We are going to go through a series of colleagues today from the freshman class, as we did last week and the week before, and I will now yield the floor for the Senator from Alaska to give his

perspective on why, as a former small businessperson himself, health care reform is so critical to keeping our small businesses competitive.

The PRESIDING OFFICER. The Senator from Alaska.

Mr. BEGICH. Mr. President, I thank the Senator from Colorado for his presentation, especially on small businesses and the impact health care reform will have on them. The Senator from Colorado has done a great lay of the land on the impact to small business, and I wish to step it up and talk about what I heard as I sat here and listened to several of my colleagues on the other side, the Republicans, talking about what is going to happen if we don't do something or if we do health care reform. In that regard, I wish to talk about at least one myth that I hear over and over from the other side that will impact not only small business but impact everybody.

I am pleased to join my fellow colleagues and talk about the importance of health insurance reform in general, but the myth I wish to talk about today, which I have heard stated over and over, involves scare tactics and, in particular, a word which I think belongs in the soup lines of the Great Depression—"rationing." Opponents of health insurance reform have resurrected the word to suggest that Americans will get less care when reform legislation passes.

Is there anything more cynical than telling Americans their health care will be rationed because of reform; that they will lose or get less care when Congress and the President finally take action? Defenders of the status quo ought to be embarrassed. They know the opposite is true—that more Americans will have access to more health care when reforms are finally adopted.

Rationing is not some roadblock waiting down the road for the vast majority of Americans, it is what is happening right now. Let's use my State as an example—a State where 52 percent of the folks employed are from small businesses. When I came into the Senate at the start of this year, the Census Bureau said 123,000 Alaskans were uninsured. But new data came out last month—just a few months after the earlier statistic—and that number is up to 133,000. In other words, 10,000 more Alaskans have been rationed out of their coverage. Insurance companies no longer cover them.

Unable to pay the skyrocketing insurance premiums, or maybe their employers can no longer afford it—as laid out so well by the Senator from Colorado—people and businesses are struggling to make sure they can afford their insurance premiums for their employees or they are rationed out of the system because they have switched jobs. Then, when they apply for new insurance, they are disqualified because of a preexisting condition or perhaps the annual cap on how much their insurance company will pay is so low people get sick and hit their limit

early. From that point on, they can't afford to see a doctor for the rest of the year or ensure their coverage or their quality of care is maintained. This is another form of rationing, and it is real.

By one estimate, 14,000 Americans lose their health insurance every day. These are friends and neighbors and loved ones and it is inexcusable. Maybe the reasoning for rationing is even more outrageous—the cases where insurance companies revoke coverage by a process of rescission. Unfortunately, that is very real. A report by the House Ways and Means Committee says insurance companies saved themselves \$300 million over 5 years through this practice of rescission.

So, again, let's put the word "rationing" in proper context. It is the status quo, and the insurance industry is making lots of money because of it.

Let's talk about what will change when we pass health insurance reform. As you can see on the chart, reform will easily take care of many of the issues Americans face: Tell insurance companies they can no longer deny coverage because of preexisting conditions; stop them from setting low annual or lifetime caps and refusing to pay the care after that; reform will offer Americans more choices by creating health insurance exchanges—as so well described by the Senator from Colorado. As I like to call it, it is health insurance Expedia. As we do with travel, we can do with health insurance. It will require insurance companies and Medicare to pay for more preventive care so people can have regular checkups and screenings. This means we can recognize and even prevent oncoming chronic illness. Of course, this is better for the patient, and it saves us money.

Let me say it again: The scare tactic of so-called health care rationing is just that, a tactic trotted out by those who want to kill reform. The truth is, health insurance reform will give Americans more—more people have more access to more health care.

Mr. President, I yield the floor.

Mr. BENNET. Mr. President, I thank the Senator from Alaska, and I think he raises such an important point because so much of the debate has been about dividing one set of Americans from another set of Americans. Health care reform is something that needs to be of concern to 300 million Americans—if you are concerned about the double-digit increases every year of your premiums; if you are concerned about spending almost 20 percent of our GDP on health care, when every other industrialized country in the world is spending less than half that; concerned, as the other side is and this side is, with the fiscal condition of our government, when we know the biggest drivers of our medium-term deficits are rising Medicare and Medicaid costs, and the biggest drivers of those are health care costs. We are all in this together.

It is a great pleasure for me to turn now to the Senator from Oregon, who will talk about the fact that this isn't just about trying to cover one small group of Americans, it is about all 300 million Americans in this country.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. MERKLEY. Mr. President, I am delighted to join my colleagues from Colorado and Alaska to tackle some of the myths being printed about health care reform. It is startling to stand on the floor and hear increasingly shrill presentations from those who wish to defend the status quo broken system of health care in America. I wonder to myself, do they not hear what I hear from my constituents about the challenges they encounter each and every day if they do not have insurance; who are worried about getting sick or, if they have insurance, are worried about losing that insurance; worried about the problems and challenges faced with utilizing that insurance?

I rise to talk about one of the most prevalent myths—that health care reform is only about expanding access to those who don't have health insurance. Because here is the truth: Health care reform is about improving health care for those who already have insurance. Those with insurance in the United States live in a precarious state. Their rates often go up by double-digit increases every year, so affordability is hanging by a thread. Those who have insurance through their jobs can change jobs and lose that coverage. They could get dropped from their insurance because they become sick or injured or they could find that their insurance has lifetime or annual limits that block them from obtaining the medical care they need if they do become injured or ill. We want to make health care insurance more stable and secure for those who have it, and that is what health care reform will do.

First, health care reform will make insurance portable. If you lose your job, you often lose your coverage. That is a terrible double whammy for American families. Health care reform will make sure your coverage goes with you if you lose your job or if you choose to take on a new career.

Second, health care reform will end dumping—the terrible practice of insurance companies canceling policies when those citizens become seriously ill. That is wrong. What kind of health care system is it when you pay insurance premiums for 15 years and then your child or your spouse or perhaps yourself becomes seriously ill and you get a letter from your insurance company saying they are canceling your insurance? That is not health insurance. That is a scam. Health care reform will end that scam in America.

Finally, health care reform will get rid of annual or lifetime limits that drive people into bankruptcy, even when they have coverage. Here is an example from my home State of Oregon.

Alaya Wyndham-Price lives in Oswego. She had insurance through her previous job as an event planner and is currently on COBRA. Six months ago, Alaya developed a tumor the size of a golf ball just below her brain, and she has had numerous tests performed by a neurologist to determine the best course of treatment. Her insurance caps treatment costs at \$20,000 annually, and she has already approached \$30,000 of expenses with the diagnostic tests over the last few months.

Through COBRA, Alaya's insurance will renew in January, but the surgery to remove her tumor will cost about \$50,000—or \$30,000 over the amount her insurance will pay in 2010. So she is trying to work as much as possible—doing freelance writing, taking on projects—but on many days is too ill to do much of anything. She is scheduled to see a doctor again soon to have an expensive MRI test in November, but with every single medical visit she goes deeper into debt.

This is not right, but it is common. More than half of bankruptcies in America are due to medical bills and in more than half of those situations where medical bills drive people into bankruptcy, the individuals had health insurance. No American should be driven into bankruptcy because he or she becomes sick or injured. Health care reform will end arbitrary annual and lifetime limits to make sure Americans get the care they need when they need it, not having to delay care to the next year in order to benefit from a new annual ceiling.

In conclusion: The myth is that health care reform is simply about extending coverage. The truth is this: Reform will mean better, fairer, and more affordable coverage for the millions of Americans who already have insurance.

Mr. President, I yield the floor.

Mr. BENNET. Mr. President, I wish to thank the Senator from Oregon for pointing out the incredible lack of stability that exists in the system today. The bankruptcy numbers are unbelievable. In my State, I think roughly 62 percent of all bankruptcies are caused by health care issues. Of those health-care-related bankruptcies, 78 percent, nearly 80 percent of them, are bankruptcies involving people who actually were covered by insurance. We are not getting done the job that needs to get done. That is why we are here today to talk about these issues.

I am going to call on the Senator from Virginia to talk a little bit about how, under the current system, we pay for the uninsured in our country today, but we do it in the most inefficient way possible. Just one fact from my State: We have a public hospital in Denver called Denver Health. It is an incredibly well-run hospital, run by a person named Dr. Patty Gabow. She told me they did a study a couple of years ago that showed they spent, in 1 year, \$180 million for uncompensated care for people employed by small businesses who could not get insurance at work.

I will yield for the Senator from Virginia.

The PRESIDING OFFICER. The Senator from Virginia is recognized.

Mr. WARNER. Mr. President, first of all, I thank my colleague, the Senator from Colorado, for organizing this effort today and leading freshmen Senators this week as we, once again, come down to the floor, as some of the folks who are newest to the Senate, most recently hired in most cases, to talk about the need for health care reform. I particularly thank my colleague, the Senator from Colorado, for raising the very important issue of the cost of health care to small businesses.

The remarkable thing about small businesses is they are basically the only people who pay retail for their health care costs in America today. Those who have Medicare, those who have Medicaid, large employers—they all can leverage their purchasing power. But small businesses are the folks who take it on the chin, and I am grateful for my colleague's comments today, describing how health care reform can benefit small businesses.

My colleagues, the Senator from Alaska and the Senator from Oregon, have also pointed out some other myths, as the Senator from Colorado indicated. The one I am going to take on today, because we hear a lot from our friends on the other side of the aisle about the problems with reform, and sometimes they do actually dispel some of these myths—but one of the myths I have dealt with for 18 years, as somebody who founded the Virginia Health Care Foundation in the early 1990s, is, how do we deal with the uninsured? Yes, part of our health care reform is about extending coverage to the uninsured. There will be some additional cost to do that, but I think it is very important to recognize that under our current system, right now we pay for the uninsured. We pay for the uninsured through uncompensated care, as my colleague from Colorado mentioned. We pay for the uninsured in higher health insurance premiums for all of us who buy private insurance. We pay for the uninsured, candidly, in higher costs to our Medicare and Medicaid system.

Our uninsured end up on the emergency room doorsteps, oftentimes receiving care in the most inefficient way possible and oftentimes without good quality care.

We have seen, on average, 8 percent of families' 2009 health care premiums—about \$1,000 a year for all of us who purchase private health insurance—we pay in effect a \$1,000-a-year tax to compensate and pay for the cost of the uninsured.

As my colleague mentioned, and I know from my experience in Virginia 18 years ago, we started this Virginia Health Care Foundation to deal with how we could provide health care coverage for the uninsured. We saw folks ending up, as I mentioned, on hospital doorsteps. We saw folks waiting too

long before they could access the health care system. Oftentimes, if they had a chronic disease and then waited to get that health care coverage, the cost of covering that person was not only much higher—obviously, the person has to deal with a much more serious illness—but they too ended up in the emergency room, which is an inefficient delivery mechanism.

If we are going to truly start to bring down the cost of insurance, if we are going to do the right thing in giving the uninsured in this country a chance to receive a medical home and make sure they access health care through a more affordable and more long term, healthier way, we must pass health care reform this year.

A lot of numbers have been bandied about concerning what kind of extended coverage we are talking about in this health care reform. There have been arguments that we are talking about covering 30 million additional people. I believe the Senate Finance bill covers 25, 26 million. One of the things that is often absent from this debate is that while these are the numbers we are trying to deal with right now, literally triple that number, about 87 million Americans during a year, at one point or another, through either being unemployed for a while or moving off one plan to another, go through some period of being uninsured and uncovered.

On top of that 87 million, we also have the problem of literally tens of millions of people who are stuck in dead-end jobs, who want to change jobs, who want to become more productive, but they are afraid to make that change because of concerns over losing their health care coverage. If we can provide the kind of health care reform we are talking about, if we can provide the kind of coverage we are talking about, those kinds of problems will go away. We will become a more effective and cost-effective society.

I know we have other colleagues who want to speak, and I want to come back to where we started, at least the freshmen did a few weeks back, and why some of our colleagues on the other side who seem to be this “caucus of no,” who seem to say: Let’s take more time, let’s put it off, let’s wait a little bit longer before we take on health care reform—why that policy choice is so wrong.

If we do nothing, if we choose not to act this year, our current health care system is financially unsustainable. If we do nothing, Medicare, under the current projections, will go bankrupt in 2017. Many of us on this side of the aisle share the concerns of some of our colleagues on the other side of the aisle about the exploding deficit our Nation faces. The largest single driver of our Federal deficit is not the stimulus program, it is not the TARP program, it is not some of the other things we debate back and forth, it is the rising cost of health care that we pay for with Federal dollars in Medicare, Medicaid, and the VA.

If we do nothing, our deficit and those health care costs will continue to explode, undermining the dollar, undermining our ability for economic recovery. If we do nothing, an average family in Virginia—and I would argue probably an average family in the State of Colorado—will see literally 40 percent of their disposable income go to paying their health insurance premiums within the next decade. Those costs are unaffordable and unsustainable.

Finally, as a former business guy and somebody who believes, as my colleague from Denver does, that the heart of what keeps our economy growing is the business community, and particularly the small business community, if we can’t lower our health care costs, then American business will not be competitive in the global economy. No matter how productive American workers are, America builds into our cost structure, for almost every business, about \$3,000 to \$4,000 more per employee because we have so much higher health care costs than any of our competitors around the rest of the world. We cannot maintain that competitive disadvantage in a global economy.

The time is now. There are ways we can continue to improve these bills. We are looking forward to the melding of the Finance bill and HELP bill, and I know myself and some of my fellow freshmen colleagues will have some ideas about how we can improve programs even in that package.

I thank my colleague from Colorado for his leadership on this issue, and I look forward to working with not only my freshmen colleagues but all colleagues on this side of the aisle, and hopefully those on the other side, to make sure we do get health care reform this year.

I yield my time.

Mr. BENNET. I thank the Senator from Virginia. I particularly, on behalf of all the colleagues here today, thank him for his leadership over the last couple of months on the question of personal responsibility: how do we incentivize people to make sure they are doing a better job to take care of themselves; how do we work with some of the corporations in this country that have done an extraordinary job of lowering health care costs by incentivizing folks to take personal responsibility for their health care. I have enjoyed working on those issues with him and look forward to continuing to work on it.

Next, we have the Senator from New Mexico who is here to talk about another myth, which is the idea that our health care system always works well for everybody.

We have great things in our health care system. We have some of the best health care technology in the world. We have some of the greatest treatments in the world. If you are going to get sick, a place you want to get sick, depending on what you have, is the

United States. But we are not perfect by any stretch of the imagination, and the Senator from New Mexico is going to comment on that.

The PRESIDING OFFICER. The Senator from New Mexico is recognized.

Mr. UDALL of New Mexico. Mr. President, it is good to see our Presiding Officer, the new Senator from Massachusetts, here, who has joined us within the last couple of weeks. Mr. PAUL KIRK.

Today we are talking about myths, inaccuracies, deliberate exaggerations, and outright lies that have abounded over the months we have been debating health care reform. Some have been dreamed up by those who stubbornly cling to the status quo. Others reflect fears lying just beneath the surface.

If we step back, it is easy to see these scare tactics for the lies they are, but for Americans who will be most impacted by this reform, it may be difficult to separate fact from fiction. The myth I would like to talk about today is a bit different from the others being discussed by my colleagues. It is a myth that existed long before the current debate but is being used in a new way by people fighting this reform. They are using it as a weapon against change. It is a myth we have all heard about. It is the myth that reform is not necessary because we have the greatest health care system in the world.

What makes this myth different from the others is that parts of it are absolutely true. Americans are blessed with some of the best doctors and nurses and health care professionals in the world, hard-working men and women who have dedicated their lives to the health and healing of others but often work in difficult situations.

Our technology is unmatched. Our emergency care system is repeatedly cited as the best of the best, and we rank highly regarding the levels of dignity and respect with which patients are treated. But all these achievements, as great as they are, do not add up to the best health care system in the world for all Americans—not as long as we are spending \$2.4 trillion a year on medical care but continue to rank near the bottom when it comes to premature deaths from diseases such as diabetes, stroke, and pneumonia; not when we spend twice as much of our GDP on health care as Japan and the UK but have lower life expectancy at birth; not when we rank last in infant mortality among industrialized countries; and not when half of the personal bankruptcies in the United States are related to medical bills.

Right now in America, if people have the money, they have access to the best health care money can buy. For the vast majority of Americans, that access is not there. If a person is a small business employee or laid off from a job or someone with a pre-existing condition, the “best health care system in the world” is much harder to come by. When 80 million

people are either uninsured or underinsured, there is no way a country can lay claim to that title.

But there is something we can do about it. With this reform, we have the opportunity to build on the strengths of the U.S. health care system while also addressing its weaknesses. Comprehensive health reform will go a long way toward remedying these and other inequalities and reducing the health care disparities between rich and poor, the majority and minority.

The solution is not always spending more money. Sometimes it is about making better use of the money we are already spending. It is about finding ways to achieve better returns on our investment. The reforms we are proposing would allow us to do that by ridding the system of waste, by increasing our investment in prevention, by helping small businesses afford insurance for their employees, and by covering more individuals whose only medical option right now is expensive emergency room visits.

The status quo is unsustainable, but that is what reform opponents are hoping to continue with, myths like those we are discussing today. America has the potential, the talent, the technology to achieve the best health care outcomes in the world. Whether we reach that goal depends on the actions we take now.

I yield the floor.

Mr. BENNET. Mr. President, I thank the Senator from New Mexico, and I am reminded of the trips I made around my State during recess when everybody settled down and we could actually get into a conversation about how well the status quo was working for people. It took about 40 minutes into the meeting before people would stand up and start to say: Let me tell you my story about how I was laid off from a company or lost my insurance, had a preexisting condition, couldn't get new insurance and, therefore, can't get the health care I need.

That is the kind of conversation we need to have about what we are facing. I was left with the impression from people in Colorado that while they don't like the status quo, they are worried that we are going to make it worse. We can't blame people for thinking that, as they watch what is on TV every night or on the Internet. Our obligation is to make sure as we go through this legislative process, we deliver something that builds on our strengths, as the Senator said, but also fills in gaps that are clearly present and disrupting the lives of working families.

I turn now to the Senator from Illinois to talk about the public option and choice. It is apparent to me, as people have begun to see there might be a requirement that they have insurance, what I am hearing from people is they want more choices, not fewer. They don't want to necessarily be forced into a private insurance plan. They want their family to have

choices. Today the Senator from Illinois will talk about the public option.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. BURRIS. Mr. President, to my colleagues who are making this presentation on behalf of the people on health care, it is my pleasure to join them and speak briefly about what will take place if we do not pass, as part of insurance reform, a public option. When it comes to health care reform, we have all heard the myth that a public option would amount to a government takeover of the health care system. This is completely false and has no basis in the legislation under consideration by the Senate.

Let's examine the facts: 45,000 Americans die each and every year because they do not have health insurance and cannot get quality care. That is 1 death every 12 minutes. Clearly, the system is broken. The time for action is long past. I believe we need to restore choice and accountability to the health care system. The only way to accomplish this is with a public option. It would increase the availability of care. It would help fight the disparities that plague our current system.

At the moment, people of color represent half of the Nation's uninsured, even though they make up only a third of the total population. A low-cost public option would meet the needs of these who are at a disadvantage, regardless of background or skin color. The public option would restore competition to a market that is currently monopolized by only a few corporations. Take my State. In the State of Illinois, two companies dominate 69 percent of the insurance market. That is why their profits are growing four times faster than wages. This is unsustainable. It is breaking America's businesses and bankrupting American families.

We talked about businesses earlier. My colleagues mentioned what this will do for small businesses.

We must make sure there are choices for them to have an exchange where small businesses can shop for their insurance. If these companies have to compete with a public plan, everyone's premiums will go down. It will bring about competition in the marketplace. If you like your current insurance providers, nothing will change except that you will save money, and you won't have to worry about losing coverage when you need it. No government bureaucrat will alter your insurance plan, your doctor, or the level of care you receive. But if you can't afford insurance or your coverage has been denied due to a preexisting condition, you will be able to get quality care at an affordable rate. Just like any business, a not-for-profit public insurance option would require initial capital to get off the ground. But afterwards it would rely on the premium it collects to remain self-sufficient.

The current system is a drain on American taxpayers. The public option

would not be. The public option would complement private insurance providers, not drive them out of business. In fact, it will result in an increase of 1 to 3 million additional customers for private companies. In other words, by bringing all those persons into coverage, insurance companies will benefit when all these uninsured people will now be covered. There will be no government takeover, no death panels, no rationing, and no redtape between you and your doctor.

It is time to reject these myths and to take decisive action. The only way to achieve meaningful health care reform and bring costs down is through a public option that creates real competition in the system.

Let it be clear to all of my colleagues in this august body: I will not vote for any health care bill that does not include a public option.

I yield the floor.

The PRESIDING OFFICER. The Senator from Colorado.

Mr. BENNET. I thank the Senator from Illinois for his eloquent discussion about trying to provide more choice rather than less to our working families. A lot of what we are trying to do with health care reform—and I hope the bills will improve over the coming weeks—is give people more control over choices with respect to their doctors and their medical care, to make sure that it is doctors and patients making decisions about treatment and not insurance company bureaucrats or a government bureaucrat.

Next I will yield for the Senator from Delaware to talk about why this is such an urgent problem and why we need to address it now and not wait, as we have over the last 20 years. As the President said, the first President to call for health care reform was Teddy Roosevelt. Here we sit in 2009, confronted by the same sorts of arguments about why today is the wrong time to do this and why we ought to kick the can down the road for another generation of Americans.

I turn the floor over to the Senator from Delaware.

The PRESIDING OFFICER. The Senator from Delaware.

Mr. KAUFMAN. Mr. President, I thank Senator BENNET for organizing this event today. He has been a leader in our effort to try to achieve meaningful health care reform. I am looking to him, as we move down the road on health care reform, to continue to show leadership to make sure we achieve meaningful health care reform.

I appreciate the opportunity once again to join my colleagues and show our united support for health care reform. I want to address one of the biggest myths reform opponents have spread throughout the debate, the myth that America cannot afford to change the health care system. They say our country has too much debt and the health care reform would only increase the Nation's deficit. They say we spent too much money on TARP

and the stimulus package. They say we must rein in spending and push off health reform until we straighten out our fiscal house. When we hear this kind of criticism, especially during this time of economic downturn, it is reasonable to ask if now is the time for reform of the health care system. The answer is: We need health care reform now. We need health care reform now because economic recovery for the long term is completely dependent on controlling health care costs.

We cannot afford to wait for reform because the status quo is absolutely, positively unsustainable.

Medical costs account for one-sixth of domestic spending and are headed upward. They are handcuffing families and workers, strangling Federal and State Governments. In 2000, the average premium for family health care in Delaware was just over \$7,500. In 2008, that number jumped to \$14,900, almost doubling in only 8 years. If we do not enact health care reform now, the same premium for family coverage is expected to reach \$29,000 in 2016, another doubling in price.

The status quo is unsustainable because of health care spending on a national level. In 1979, we spent approximately \$220 billion as a nation on health care. In 1992, we spent close to \$850 billion. In 2009, we will spend \$2.5 trillion on health care. That trajectory of health care expenditures is totally out of control. We must begin to bend the cost curve down on the health care system. We need to do this now. We cannot wait any longer. We cannot afford to wait for reform because failure to do so will place even more pressure on the Federal budget and on taxpayers to continue support for Medicare and Medicaid.

Clearly, one of the major driving forces behind our Federal deficit is the skyrocketing cost of Medicare and Medicaid. Combined, these programs account for 20 percent of all government expenditures. If we do nothing to start bending the cost curve down for Medicare and Medicaid, we will eventually spend more on these two programs than all other Federal programs combined.

Let me say that again: If we do nothing to start bending the cost curve down on Medicare and Medicaid, we will eventually—and not that far off—spend more on these two programs than all other Federal programs combined. Because of this, people who are concerned about deficits should welcome health care reform now. The plans being considered by the Congress would require some upfront cost, but reform done the right way will mean savings for families and businesses, money that could be pumped into the economy.

We all know in the short term the cost of expanding coverage to Americans will temporarily increase government spending. Quickly, however, the net impact of the cost containment provisions will accumulate, and there

will be a reduction in government spending. It is important to remember that while we are awaiting the cost containment provisions to take hold, the President and congressional leaders have insisted that health care reform be deficit neutral. In other words, the administration and Congress are committed to responsible health care reform that reduces the deficit over 10 years and major reductions over the long term. We will not be able to get the major reductions we need to sustain the budget and sustain the Government if we don't do these things now which will only begin to benefit us in the long term. For this reason we cannot afford to wait for health care reform.

Finally, if we lose this opportunity to pass health care reform, we will not have an opportunity to reform our health system in the foreseeable future. We will be stuck with the unsustainable status quo. This Congress, this President is not about to return to this issue if we do not pass it because it is so incredibly difficult and so traumatic and takes everyone's concern. I have been around Congress for 36 years, and I have learned something about how Washington works. Trust me, we have truly a unique window of opportunity for health care reform. The window is now open. It will soon close. We have a new President in his first year in office who has a good relationship with Congress. There is major support for reform among providers, patients, business, labor, and everyday Americans. With the major players in health care seeking reform, this could be our chance. I believe it is our chance, and this will be the only chance for a while.

Mark my words: If we don't take this opening and enact health care reform this year, it will not be done until the health care system crashes down around our ears. We cannot continue the status quo for one more day. We cannot wait to enact health care reform. We must gather our collective will and do the right thing during this historic opportunity by passing health care reform. We can do no less. The American people deserve no less.

Mr. BENNET. I thank the Senator from Delaware for pointing out that maintaining the status quo, being unwilling to act, in fact, is making a choice.

It is making a choice about having another decade of double-digit cost increases every year. It is making a choice about devoting a fifth of our economy to health care when every other industrialized country in the world is devoting less than half of that. It is making a choice about having increasing and mounting and rising deficits in the outyears.

I thank the Senator from Delaware for pointing out that we have a once-in-a-lifetime opportunity right now to try to address a number of these issues at the same time.

Mr. President, our closer today is the Senator from New Hampshire, who is

here to talk about what this reform is about versus what some have claimed it is about. I welcome her here this morning.

Let me turn the floor over to the Senator from New Hampshire.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mrs. SHAHEEN. Mr. President, I thank very much Senator BENNET for coordinating this effort today.

As you have all heard for the past few weeks, the freshmen Senators have joined together to deliver a very simple message: We need to act, and we need to act now, on health care reform.

As people have been pointing out all morning, there is a lot of confusing and, unfortunately, some false information that has been going around about who is going to be included in health care reform legislation and what that is going to mean for people. So as everyone has said, we are joining together today to try to dispel some of those myths and to focus on what really matters, which is making our health care system better for our families, for our businesses, and for our Nation's economy.

One common myth we have heard is that health reform is a government takeover of our health care system. This is simply not true. The truth is, health care reform is being driven by consumers who are concerned about the cost of health care and about their coverage, and it is being driven by the market because health care costs are so high that too many businesses and too many people cannot get the health care they need when they need it.

Under the current legislation, everyone will have the freedom to keep their health care plan if they like it. But for the millions of hard-working Americans who cannot find affordable coverage or who have been discriminated against because of a preexisting condition or for women like me who too often are discriminated against in the costs of health care, health reform will give them a choice.

Last week, my office heard from a man named Andrew from New Boston, NH. Sadly, his story is all too common. Andrew and his family had employer-sponsored insurance coverage through his wife's job. Unfortunately, she was laid off recently. Now not only is she out of work, but her family has to find another source of health insurance coverage. The fact is, the individual market simply does not provide sufficient affordable options for families. The coverage they managed to find—Andrew and his family—puts a significant financial burden on their family.

The good news is, health reform legislation offers a solution for families such as Andrew's by offering more choice. The health insurance exchange creates a marketplace where insurance companies must compete for our business. Individuals and small businesses will be able to shop for the most affordable plans in a way that is transparent and easy to understand—similar to the

way Members of Congress get their insurance, and Americans should have the same choice.

Increased competition and transparency do not sound like a government takeover to me. Rather, it sounds like the markets acting in a way that best serves the American people.

My health reform reality check is that health care reform is consumer based and market driven. You can keep your insurance if you like it. It will increase choices for families. It will promote competition.

We need to move past the rhetoric and the myths. We need to rise to the occasion in this pivotal moment in our Nation's history. We must pass meaningful health reform for the citizens of New Hampshire and all Americans.

Mr. President, I yield the floor.

Mr. BENNET. Mr. President, I wish to thank the Senator from New Hampshire for closing in such a perfect way today. I agree with her that for far too long Washington special interest politics has gotten in the way of fixing this system, and the result has been enormously unfortunate for working families all across the United States of America.

When your median family income is going down by \$300 over a decade, and the cost of health insurance is doubling over the same period of time—by the way, in my State, it has gone down by \$800—and the cost of insurance has gone up 97 percent, the cost of higher education has gone up by 50 percent over the same period of time, essentially what we are saying to working families is: You are going to take home less, but you have to pay more for, not “nice to haves” but things that are critical to move your family ahead to have the kind of stability that is essential for everybody to have a shot at the American dream, and for some reason we in Washington cannot figure out how to make some changes that would help working families and small businesses all across the United States.

That moment has come now, and we are here. We have the next few weeks to figure this out. I believe we will. I am enormously optimistic we can pass a bill in this Senate and in the Congress that the President can sign that will make a material impact, an improvement in the lives of working families and those employed by small businesses all over this country. In fact, anything less than that should be unacceptable to all of us.

I hope we can do that in a bipartisan way. I hope we can have cooperation across the aisle and the best ideas from both parties as we design it. But, to me, the most important thing is to make sure people who live in my State do not need to endure another decade of double-digit cost increases every single year, do not need to endure another decade where they lose their health insurance because they lose a job or because they have a preexisting condition or because, as happened in my State last week, a baby was born who was

deemed to be too heavy to insure—fortunately, the insurance company did the right thing in the end—to not have another decade where people are wrestling with their insurers to get paid, so that doctors and people providing health care do not have to spend 30 percent of their overhead or more trying to get reimbursed for services they provided to their patients.

I am optimistic in part because of all my wonderful colleagues who were here this morning. I thank them for joining me today.

Mr. President, with that, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mrs. SHAHEEN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. BURRIS). Without objection, it is so ordered.

Mrs. SHAHEEN. Mr. President, I ask unanimous consent that I be allowed to speak as in morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

UNEMPLOYMENT EXTENSION

Mrs. SHAHEEN. Mr. President, I rise to speak in support of the Unemployment Compensation Extension Act. This bill will extend at least 14 weeks of unemployment benefits to workers across the country who will exhaust their benefits by the end of the year.

This the second time I have come to the floor to urge those who are holding up this critical legislation to stop blocking its passage.

This week we learned that Wall Street firms are expected to pay out a record \$140 billion in compensation. While the economy seems to have turned around for Wall Street executives, it sure hasn't turned around for millions of American workers who still can't find a job.

If we can bail out the big banks that got us into this financial mess, shouldn't this Senate be able to act quickly to help the people hit hardest by this recession—unemployed workers?

Apparently not, because there are Members of this Senate who are playing partisan political games and delaying an extension of unemployment benefits. This needs to stop.

Today, more 5 million workers have been unemployed for 6 months or longer. Through no fault of their own, millions of Americans cannot find work because there are now more than 6 unemployed workers for each job opening. Until the job market improves, we have a responsibility to help these workers keep food on the table and pay the mortgage.

Not only is this the right thing to do for families, it is the right investment to make in our economy. An effective

stimulus is timely, targeted and temporary, and that's how this extension is designed.

This extension is temporary. It is targeted at those who have been unemployed for more than 59 weeks and have exhausted their benefits. And no one can question that it is timely.

Unemployment compensation is money that gets spent immediately on necessities. People who are out of work need this money to help pay rent and mortgages, buy food, and pay for gas.

So when we extend unemployment benefits, we are not just helping workers who have lost their jobs, we are helping small businesses across the country by boosting demand for their products and services.

In fact, economists say that dollar-for-dollar, extending unemployment benefits is one of the most cost effective actions we can take to stimulate the economy.

Temporary extensions of unemployment benefits are an especially effective stimulus when the long-term unemployment rate is high, and, unfortunately, that is the situation today. Nationally, the number of long-term unemployed—those jobless for 27 weeks or more—rose to 5.4 million in September. In my home State, New Hampshire, the number of long-term unemployed has more than tripled in the past year.

I do not understand why any Senator would delay an extension of unemployment compensation that will help workers and small businesses in every single State.

People are counting on us to act now. American workers who have exhausted unemployment benefits cannot wait another week to pay the rent or buy groceries.

I urge my colleagues to stop the games and pass this critical extension without further delay.

Mr. President, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. CARDIN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. CARDIN. Mr. President, I ask unanimous consent to speak as in morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

CLIMATE CHANGE

Mr. CARDIN. Mr. President, I have the honor of chairing the United States Helsinki Commission, representing the Senate. The Helsinki Commission is the U.S. participation in the Organization for Security and Cooperation in Europe. Fifty-six countries representing Europe, Central Asia, Canada, and the United States got together in 1975 in order to further advancements in security, in human rights, and in economics.